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ABSTRACT

One of the continuing problems and criticisms of human service disciplines is that they often separate research from clinical practice, as if the two had no connection or commonality. This article describes one way in which the two can be brought together for the benefit and empowerment of clients. Specifically, the article presents a model for using focus group research directly and immediately in subsequent group counseling, a model reminiscent of the ideal that the counselor has an ethical responsibility to understand the client's life as the mediating context of the therapy. Traditional wisdom in group work recognizes the importance of group socialization as the basis for group cohesiveness, the vital ingredient for therapeutic progress. Using a focus group model may shorten this socialization process and may give group members a more complete understanding of the concerns they share with one another. The model may also serve to clarify the nature and purpose of the group in terms of therapeutic gains realized through individual involvement in the group. Counselors may use the focus group m: l to enhance growth and responsibility-taking among group members. Contains 27 references. (BF)

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INTEGRATING FOCUS GROUP RESEARCH AND GROUP COUNSELING

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Abstract

This article explains a method for combining a focus group model with traditional group counseling methods. In following the counseling ethic of understanding the client's world, the article presents a method of bringing research and practice together. The model presented gives counselors and other human services professionals a method whereby they can solicit information directly from clients and use it in group counseling sessions. The focus group orientation fosters a sense of immediacy and empowerment through client-generated agendas for group work.

Integrating Focus Group Research

and Group Counseling

One of the continuing problems and criticisms of human service disciplines is that they often separate research from clinical practice, as if the two had no connection or commonality. This article describes one way in which the two can be brought together for the benefit and empowerment of clients. Specifically, the article presents a model for using focus group research directly and immediately in subsequent group counseling, a model reminiscent of the ideal that the counselor has an ethical responsibility to understand the client's life as the mediating context of therapy.

Traditional wisdom in group work recognizes the importance of group socialization as the basis for group cohesiveness, the vital ingredient for therapeutic progress. Using a focus group model may, among other things, shorten this socialization process and may give group members a more complete understanding of the concerns they share with one another. The model may also serve to clarify the nature and purpose of the group in terms of therapeutic gains realized through individual involvement in the group. Counselors may use the focus group model to enhance growth and responsibility-taking among group members.

Focus Groups

Focus groups are typically used in the field of business to conduct market research by soliciting information from consumers about their attitudes and opinions (Cundiff, Still, and Govoni, 1985). Some market researchers have come to rely on the collective wisdom of consumers' opinions about product feasibility. This wisdom emerges from the focus groups' natural understanding of everyday life, the arena in which marketing efforts succeed or fail. Consumer opinions constitute the data generated by focus group encounters.

The focus group model has also been used by social science researchers wanting to understand human behavior from the perspective of social context and experience. Basically, a focus group for human services research is created by bringing together a small group of individuals who interact with one another instead of being interviewed separately (Festervand, 1985). Members of the group "focus" on specific questions and tasks, or may generate their own topics. Krueger (1988) suggested that such groups can be used in planning, needs assessment, program design, and asset analysis. The focus group model incorporates what Morgan (1988) described as *"...the explicit use of the group interaction to produce data and insights that would be less assessable without the interaction"* (p. 12) (italics in the original).

Focus groups represent a social encounter of an unusual kind, one which encourages members to join together to create a consensual cooperation toward self-expression and conclusion-making. Each member presents his or her attitudes and opinions as part of a collective whole that may be in agreement or in contrast with ideas of others. The value of the data arises from the combined quality of ideas that reflects a composite reality or belief in a reality. The group's understanding of social phenomena, human behavior, and the nature of the world tends to be highly accurate in the sense that members act and live according to their own beliefs and understanding. Group members are the experts of their own lives and social worlds.

The Method and the Model

Adapting a focus group model for use in group counseling or group therapy is a simple concept. The group generates data which are then used by the group and the facilitator for therapeutic purposes. In other words, the group formulates its own agendas based on need or concern. These agendas, as the themes of the raw "research data," are put to immediate use in regular group counseling sessions.

The model requires the facilitator to treat the group as a focus group with discrete sessions, and to give full explanations to the group about the

difference between therapeutic and focused activities. Krueger (1988) recommended the following pattern for focus group discussions:

1. The welcome.
2. The overview and the topic.
3. The ground rules.
4. The first question (p. 80).

An approximation of this pattern can be used to structure the therapeutic group into its focus group role. As members understand the task of focusing on a single issue or upon the generation of important issues, they may assume active roles of in situ researchers and sources of information. To make this transition, however, it is necessary for the facilitator to explain fully the nature of a focus group and to present clear tasks or topics upon which the group can initially focus. It is important that group members do not confuse the focus group activity with the therapeutic group activity. Otherwise members or the facilitator may confuse process with content. A therapeutic or counseling group goes through a process in which roles are defined and adopted to produce a group "culture" that functions to promote each member's development (Ward, 1985). A focus group role is not inconsistent with this culture-building and may even enhance it by giving members a positive activity

to share that does not depend upon categories of pathology as the assumed common "bond" among members.

The goals of the holistic therapeutic group process and its outcomes focus on the interrelatedness of the members to other human beings (Rule, 1982). When group members have regular associations with persons (other group members) on their own level of social communication, it sets the stage for increasing social networks (Black, 1988). This social communication serves to solidify the feeling of human interrelatedness as a continuing, dynamic process. Members benefit from the knowledge that they are not alone in facing a particular problem (Berg and Landreth, 1979; O'Sullivan, 1989). Group members build mutual trust by first building group cohesion (Gladding, 1992), a process which lends itself to focus group activities.

These characteristics of the group process are equally important when a group moves into a focus group mode. The event of social interaction is the same for group members whether they are focusing on agendas to discuss later or working toward solutions to problems identified earlier. The focus group role greatly expands the group's overall potential and function. Clients assume roles as experts whose opinions and life experiences are valued. The facilitator must have trust in the group members' ability to accomplish such tasks as the following:

1. Moving smoothly from focus group to therapeutic group.
2. Generating authentic, appropriate topics for group counseling work.
3. Verbalizing and clarifying understanding of common problems.
4. Directing their own therapy according to self-research data.
5. Transferring group cohesiveness from focus group to counseling group.
6. Working toward mutual facilitation.

Traditional group counseling has often been conducted in a way similar to but less structured or discrete than an actual focus group. A support group model has been used in this fashion with adults seeking employment. The facilitator invited members' experiences and ideas (Arp, Holmberg, & Littrell, 1986), a format approaching a focus group orientation. Similarly, Tsoi Hoshmand (1985) used phenomenologically based groups to teach adults with developmental disabilities. This model emphasized listening and validating members' experiences which were coded thematically. Working with families of people with mental illness, Walsh (1987) utilized a psychoeducational and

support group format which gave members the opportunity to set priorities for the group.

These are examples of models that mostly sought client agendas on an individual basis. That they sought client participation in the first place suggests a respect for the relationship between in situ research and professional practice, an idea similar to combining focus groups with counseling groups. Clients had say in the direction the groups took. However, the focus group model makes a much stronger demand on client participation by asking members to work collectively to identify agendas in terms of problems, concerns, solutions, explanations, plans, and so forth. Essentially, each member becomes a research partner with the facilitator and with every other group member.

For example, a facilitator might frame a few initial questions about what the members consider to be important issues to address in the group. The facilitator might then ask the group to focus on the issue of appropriate group goals given the issues that are identified. Thus the members or clients reach mutual accord regarding topics and outcomes before therapeutic work begins. The task of the facilitator, then, is to use his or her knowledge, skills, and values to help members reach goals they have previously endorsed.

Marshak and Seligman (1993) have pointed out the importance of productive norms in group counseling with people who have disabilities. These researchers believe that productive norms arising within the group help build cohesiveness that leads to self-disclosure by members. The focus group model may help accelerate the pace by which members move from a feeling of belonging to trusting self-disclosure. Contributing personal knowledge and experience during periods of agenda production and topic identification may help members feel as if they have a vested interest in the outcome. The client's role of research partner automatically makes him or her an asset to the group's progress.

Clinical Advantages and Client Benefits

The focus group method effectively combines research with practice at the clinical level in which data can be most closely tied to client needs and desires. As research data, information need not be generalizable beyond the immediate group. The wisdom and "truth" which group members bring to the encounter or create there reflect the context of life as lived and perceived locally and immediately. The facilitator as researcher needs only to be concerned with local validity and reliability. Whether the data are applicable to other groups at other times is a secondary consideration. It is sufficient that the data or information be true for the group at hand.

Ultimately, the truth of the data is related to the trust the facilitator places in the group members to recognize and to verbalize issues in the focus groups that can be dealt with during actual group counseling. Corey and Corey (1987) observed that when group members select themes for group counseling there is a greater chance that they will be able to face the themes in therapeutic sessions. The group requires a goal to give itself a purpose and something to achieve during the life of the group (Seligman, 1977). The group experience gives members the opportunity for authentic disclosure and self-invention (Jourard, 1971). Such experiences can be enhanced by giving group members a larger participatory role to play in the process from focus research to group outcomes.

Using the focus group format can add depth to client or consumer participation in the counseling process. If a therapeutic group begins as a focus group or reverts to a focus group during its life, the group functions as a consumer-driven activity in which members themselves decide which issues require discussions. Members can thus utilize their own strengths to work toward solutions. In a very real way, group members develop a fund of collective knowledge that may be brought to bear in the process of problem-solving or decision making. In that a sense of community helps define the context of peoples' lives and encourages empowerment (Holmes &

Saleebey, 1993), agendas from focus group activities may serve to elevate the willingness of people to learn and grow.

Groups aimed at changing human behavior generally use a problem-solving procedure in some form (Rose, 1986). Human services professionals doing group work, however, must know the nature of the problems before they can facilitate problem-solving. This knowing may be achieved by making conclusions about group needs beforehand based on such common sense notions as shared characteristics. In such instances, facilitators structure the group experience in accord with their own theories or hypotheses about who members are and about what they need to "solve" the problems associated with who they are. Such methods may put the beliefs of the facilitator in direct conflict with the beliefs of group members. Power struggles are not uncommon in such circumstances.

The other major method through which facilitators gain knowledge about group members' problems is simply waiting for them to emerge during group counseling sessions. An argument could be made here that much of what is labelled as group socialization, acculturation, or the building of group cohesiveness is actually an artifact of the facilitator's waiting for problem statements to arise or to be solidified in the therapeutic arena of the group. An equally strong argument could be made that in those instances in which

theories or hypotheses are superimposed on the group members, the terms socialization and acculturation refer not so much to processes as to descriptions of how members go about the task of translating their own lives and experiences into forms that are compatible with the theories or hypotheses of the facilitator.

Well-defined problems seem to follow certain "rules" toward solutions, but ill-defined problems do not. As most problems in day-to-day living are of the poorly defined sort (Young, 1985), it makes sense to give group members the best opportunity to formulate problem definitions on their own. This process allows clients to use their own abilities in a constructive manner so that both problems and solutions will make sense within the context of their actual lives.

From a clinical perspective, the group's capacity and willingness to define problems or agendas in a constructive manner may be of particular interest to the counselor. Behaviors suggesting blaming, external locus, lack of cooperation, or the need to control others may point to members' level of functioning in everyday life. As Yalom (1985) noted, each member will eventually display behaviors and attitudes in the group that they practice in everyday living. Conversely, client cognitive and relationship strengths may also be identified during focus group work.

The focus group model provides this opportunity and encourages group members to come together in a social setting to generate clear problem definitions, discussion agendas, and possible directions toward solutions. It is as if group members are conducting self-research into their own lives and agreeing upon group direction before actual "therapy" begins. The facilitator's job, then, becomes one of implementing the agenda and acting as an assistive guide for group members. In the focus group process, the fact that the purpose and perspectives of members become the driving force, may be therapeutic in-and-of itself.

This group method offers direct benefits to the clients. To allow group members to determine the direction group counseling will take gives them "ownership" of the entire group process. They can participate fully from inception to outcome. The focus group model is research oriented, but carries therapeutic value in its own right. The period during which members get to know one another and learn to function as a cohesive group may be shortened through the interactional experiences of focus group activities. Clients can learn to express their responsibilities to other group members by participating in what is a cooperative enterprise of self-determination. And because it is a cooperative venture, clients may find it less difficult to alter the group agenda if they feel the need to do so later on.

A strong point of the focus group model is that it allows some semblance of human "community" to replace the pre-structured environment of traditional approaches. For counseling clients, group counseling may rightfully be considered a community resource for growth and change. The focus group model encourages an indigenous flavor that helps members feel "at home."

Human services literature contains ample evidence that focus groups can generate not only problem definitions, but suggestions for solutions as well. Nyamathi and Vasquez (1989) used focus groups to explore concerns and stresses of Hispanic women at risk for HIV infection. These researchers used the groups to get information about how these clients used adaptive coping to deal with their concerns. Similarly, Morgan (1989) used focus groups to generate information about the quality of social and family relationships among elderly widows. The data suggested important issues regarding problematic obligations in family relationships. Basch, DeCicco, and Malfetti (1989) conducted focus groups to examine the reasons why young people drink and drive. These researchers found that some did so due to lack of knowledge about alcohol, while others rationalized the behavior.

The point here is that these and many similar focus group studies generate data that are immediately available and valuable in the clinical sense.

Any one of the researchers cited above could have used data from their focus groups for group counseling immediately afterwards, had that been their intent. Data or information generated by a focus group is personalized and belongs to the clients as much as to the researcher or facilitator. Much of this information can be used for therapeutic purposes without complicated, time-consuming content analysis which usually precedes formal publication of some focus group research.

Applying the information to the therapeutic efforts of the group that produced it is an expression of respect and dignity toward clients. Human services professionals who want to tie group counseling to the clients' everyday lives can do so by asking clients to reveal the strengths of those lives in the focus group setting. Counselors interested in contextualism (see Steenbarger, 1991) can gain insight into the "rules" of specific contexts by understanding the type of wisdom and knowledge brought forth in the focus group.

Planning and Integration

Qualitative research with discussion groups is not new (Taylor and Bogdan, 1984). The focus group, however, requires a more structured format because it is a focused activity, and not merely a group interview. Members must work together to create an agenda of issues that resonates with their own

concerns and life experiences. Professional literature contains little information about incorporating the focus group model into the therapeutic goal of group work. If a group facilitator learns the basics of focus group research, he or she should have little difficulty adapting one to the other. The following issues may require special thought and consideration:

1. By allowing the group to set its own agenda will the facilitator perceive that he or she has lost control or authority over the group?
2. Can the facilitator recognize that leadership of the group rests with its members and not with the facilitator as tradition dictates?
3. Will the facilitator expect the group to generate anti-therapeutic agendas because the group relies on members' expertise instead of on the facilitator's professional expertise?
4. Will the facilitator doubt the validity of data that have not been formally quantified like most research data?
5. Even with firsthand information from the focus group, will the facilitator revert to using preconceived theories about directions the counseling group should take?
6. Can the facilitator accept clients as experts and partners?

7. Can the facilitator put aside personal and professional biases in favor of what group members think is best for them?

These issues deal not with clients, but with professionals. Those who use the focus group as a research tool for therapeutic group work may have to modify some of their own beliefs about the sanctity of the professional's role. For example, counseling groups for problem drinkers are typically conducted with an established agenda that encourages group members to come to terms with their own "weaknesses." Although it might seem illogical to ask such a group to design its own therapeutic agenda, who would know more about the salient issues than a group of people who have problems with drinking? Such a shift in practice may require courage on the professional's part, but he or she also stands to gain new knowledge about problematic phenomena. The professional who is used to controlling the direction a group takes may have difficulty relinquishing this position. The facilitator of a focus group does not dominate the discussion (Morgan, 1988), but facilitates the group's handling of its own agenda.

Group work originated as a method of organizing people for purposes of self-help and a better way of life (Compton and Galaway, 1984). By incorporating a focus group model into the group counseling process, this

origin is recaptured. Clients can benefit by sharing and directing their own outcomes, while professionals can benefit from having the most up-to-date and relevant information available about the clients' life situations.

Focus groups may be helpful in group work with people who have a variety of concerns. In human service fields there is a growing consumer movement whereby clients are empowered through active involvement in planning and implementation of services they receive in the local community (Saleebey, 1992). Research suggests that the most effective programs appear to be those which solicit, value, and act upon suggestions made by those being served (Gowdy and Rapp, 1989). Group counseling may meet such criteria because it is by nature a social encounter that encourages participation of all involved. As Nystul (1993) has noted, groups allow clients to learn from one another and to help one another.

Group practice that emerges from the focus group model encompasses the following characteristics:

1. Group members are the experts on their own lives and concerns.
2. The purpose of the group is determined by the specific goals of the members.
3. Empowerment arises from participation.

4. The facilitator validates the group's agenda and blends his or her professional agenda with the group's in a collaborative process.
5. Outcomes must be measured by client and professional criteria alike.

Adapting the focus group model may require that professionals examine their own beliefs and attitudes about clients. Weick (1987) identified the following core beliefs in social work wisdom. These beliefs are compatible with counseling and group work ethics:

1. Human beings possess the inherent capacity to transform themselves.
2. Human relationships are complex and interdependent.
3. The professional-client relationship is vital to the process of change (p. 233).

These values are reflected in the group counseling process which allows clients to participate in focus groups as a way of exploring the complexity and the possibilities for transformation and growth. The role of the professional is one of support, encouragement, and faith. Kleinke (1994) observed that there is a close relationship between client motivation and efficacy. The act of belonging to and contributing to a focus group's pre-counseling agenda may

serve to stabilize this relationship. The act may also bolster rapport between counselor-facilitator and individual members.

Historically, few human services professionals have put much faith in clients' abilities to guide their own destinies. The focus group setting grants to clients the opportunity to evaluate their lives as they are, as they are being lived from day-to-day. Much of the group work done in the past has not emphasized this orientation. For example, counseling groups designed to "treat" alcoholics have often centered upon skills training, although professionals have had only the most general sense of what the clients should be taught (Chaney, 1989). Beginning topics for focus group work could well include asking the group to explore social skills training with the idea in mind that the clients themselves will have a better grasp of their own abilities in that area. Or more to the point, members could be asked to focus their attention upon whether lack of social skills is an important factor for them in their drinking behaviors.

Planning and integration of the focus group model with group counseling requires that the professional facilitator address such issues as the following:

1. A basic knowledge of focus group research methodology.
2. Characteristics of group members.

3. A beginning agenda whose aim is to invite the focus group members to attend to specific matters.
4. A plan for summarizing the group's data and using them for counseling sessions.
5. A plan to help the counseling group revert to a focus group mode should the need or desire arise.

A focus group should produce enough information to fuel the counseling sessions along particular lines. To the degree that the focus group produces information about members' concerns with everyday living, subsequent counseling sessions should have a realistic and relevant atmosphere. The group's cohesiveness rests on both its research capabilities and upon its therapeutic sharing. It rests as well upon the members' knowledge that their own unique wisdom and experiences are directly utilized by others in the group.

Related Applications

Although this article deals primarily with clinical and group practice issues, it should be noted that the focus group model can be applied in related areas as well. Two of the authors (Holmes & Stalling) have used this model in counselor education settings for classroom and in-service training purposes. For example, the basic focus group model has been used sucessfully to teach

portions of formal courses in group counseling, conflict resolution, and career counseling.

Similarly, in-service continuing education for practicing counselors lends itself to focus group procedures. A clear advantage here is that learning agendas can be tailored to local conditions to meet the immediate needs of counselors in the field. For instance, the current authors have organized training groups into focus groups to study such diverse counseling issues as child suicide, family communication, organizational culture, stress management, and interagency cooperation.

Strictly speaking, of course, such applications are not meant to be therapeutic. However, counseling has always relied heavily on a basic educational approach to human growth. In this sense, any training that sparks knowledge and learning can be considered therapeutic in nature. Once training groups "focus" on the topics they consider most important, the learning and teaching that follows show a distinct similarity to counseling sessions like those designed for client settings.

One note of caution is warranted: The focus group model presented here is not analogous to issue-specific focal groups that center upon a particular group characteristic or condition. McKay and Paleg (1992) use the term focal group to denote those groups whose members are selected on the

basis of shared purpose or status. These groups might more accurately be described as mutual help groups with professional facilitators and professional agendas. Nevertheless, the focus group model presented in this paper may be adapted to such groups so that the agendas and goals remain those legitimately voiced by members.

Conclusion

Although more research and practice are needed to explore the many ways in which focus groups can be adapted and incorporated into the group counseling process, the central issue remains one of empowering clients by modeling a method through which they can chart their own problem definitions and desired outcomes. This notion departs from tradition by shifting control of the group from the professional to the client --- but there is more to be gained by the shift than lost. The professional still has a vital role to play in facilitating the group's progress from the self-research phase to the therapeutic phase. The professional benefits by knowing firsthand the clients' perceptions, concerns, and preferred outcomes.

Through the focus group model the professional steeps himself or herself in the "messiness" of real life and can operate from a perspective other than those built upon preconceived theories about what the clients should need and should want. The professional knows such things from the information

generated by the focus group, thus shortening the "distance" between research and practice. From the perspective of the ethics of counseling and human services, such an approach illustrates the idea that professionals have a greater obligation to their immediate clients than they do to social or behavioral science theories. If theory says one thing and clients another, the professional must recognize his or her primary responsibility to the clients.

A focus group is a method of qualitative research that seeks to understand human beings within the context of their own lives. By combining the focus group with the counseling group, the professional counselor has a greater chance of facilitating positive change that has meaning to the client and that is consistent with the client's individual life. The focus group model may be likened to a structured group exercise, except that group members provide the structure according to their consensual needs. The model has applications for rehabilitation counselors, school counselors, and mental health counselors. The diversity of client needs in these different work settings requires "tailored" group approaches that the focus group can readily provide.

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